

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86938

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC3616801354**

**Entity Name:** HEALTH OPTIONS, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-2403696

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHELPS, SETH M  
4800 DEERWOOD CAMPUS PKWY, DC1-7.  
JACKSONVILLE, FL 32246 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            KRAMZER, JOYCE  
Address        4800 DEERWOOD CAMPUS PKWY,  
                  DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            GAVRAS, JONATHAN  
Address        4800 DEERWOOD CAMPUS PKWY,  
                  DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title            TREASURER  
Name            COATS, WILLIAM  
Address        4800 DEERWOOD CAMPUS PKWY,  
                  DC1-6  
City-State-Zip: JACKSONVILLE FL 32246

Title            SECRETARY  
Name            PHELPS, SETH M  
Address        4800 DEERWOOD CAMPUS PKWY,  
                  DC1-7  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            MODAFF, JAMES C  
Address        4800 DEERWOOD CAMPUS PKWY,  
                  DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SETH M. PHELPS**

**SECRETARY**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date